

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/569530

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	1			1		
8	1			1		
9	/			1		
10		1		1		
11	2			1		
12	2			1		
13	2			1		
14	1			1		
15	1			1		
16	1			1		
17	1			1		
18	1			1		
19	2			1		
20	2			1		
21	3			1		
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TOTAL IND.			30			
TOTAL DEP.			24			
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						